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6. REMARKS

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c. NAME (Last, First, Middle Initial) Vogel, Russell A.	d. TITLE CAIG Executive Secretary
e. OFFICE CSD PA&E	f. AGENCY DoD

g. SIGNATURE 	h. DATE SIGNED (YYYYMMDD) 20050405
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05-5-1272

Medical Cost Growth

38th Annual DoDCAS

February 17, 2005

Outline

- Background on DoD medical issues and costs
- DoD medical cost growth
- Analyzing and forecasting medical cost growth
- Conclusions

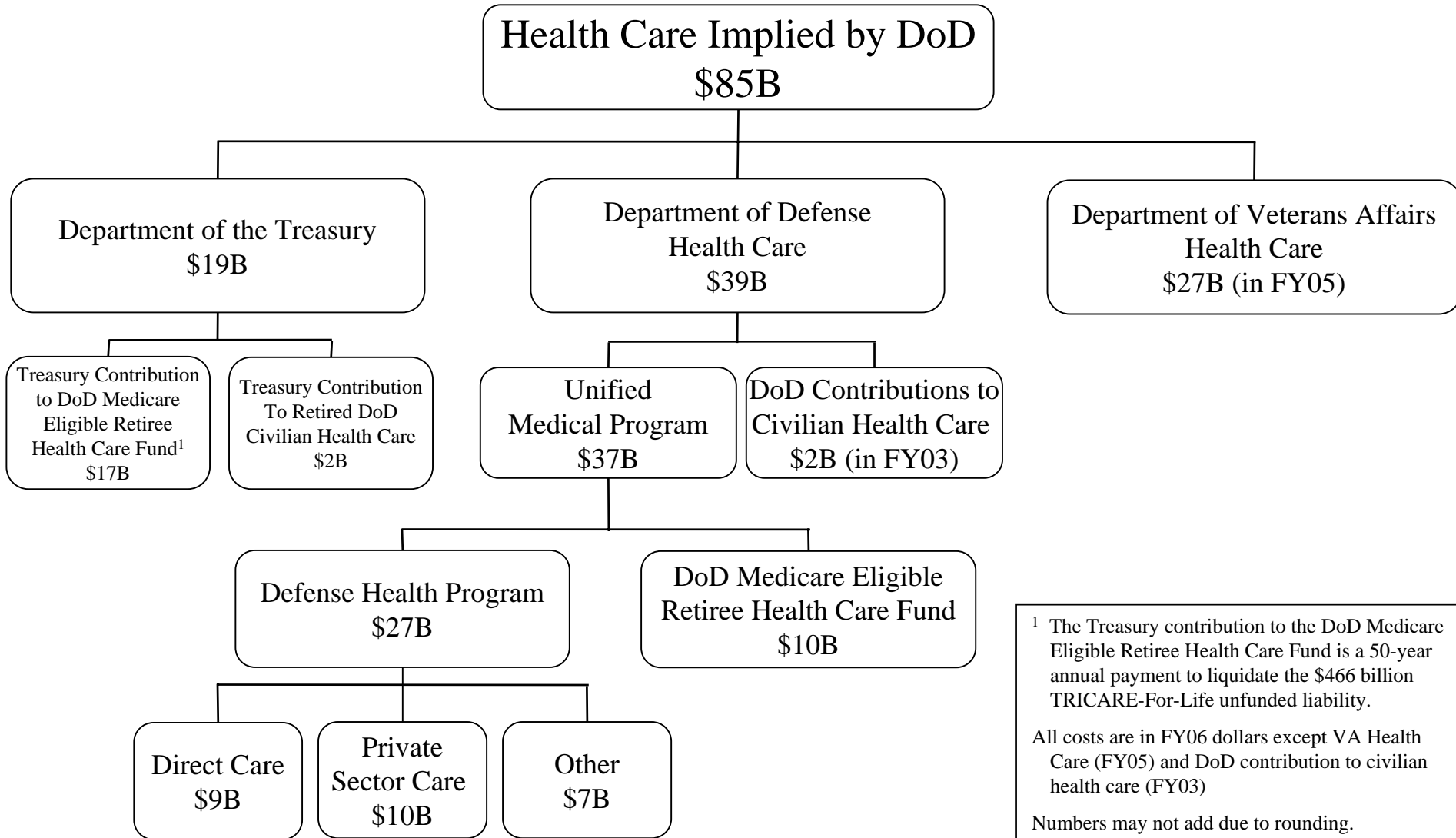
Background

Medical Missions Implied by Operating the DoD

- Operational mission
 - Provide deployable and prepositioned medical capability to support warfighting (DoD)
- Benefit mission - Provide a medical benefit for:
 - Active duty members, retirees, and their family members (DoD and Treasury)
 - Some reserve members, retirees, and their family members (DoD and Treasury)
 - Civilian employees, retirees, and their family members (DoD and Treasury)
 - Military veterans (VA)
- Relationship between the two missions

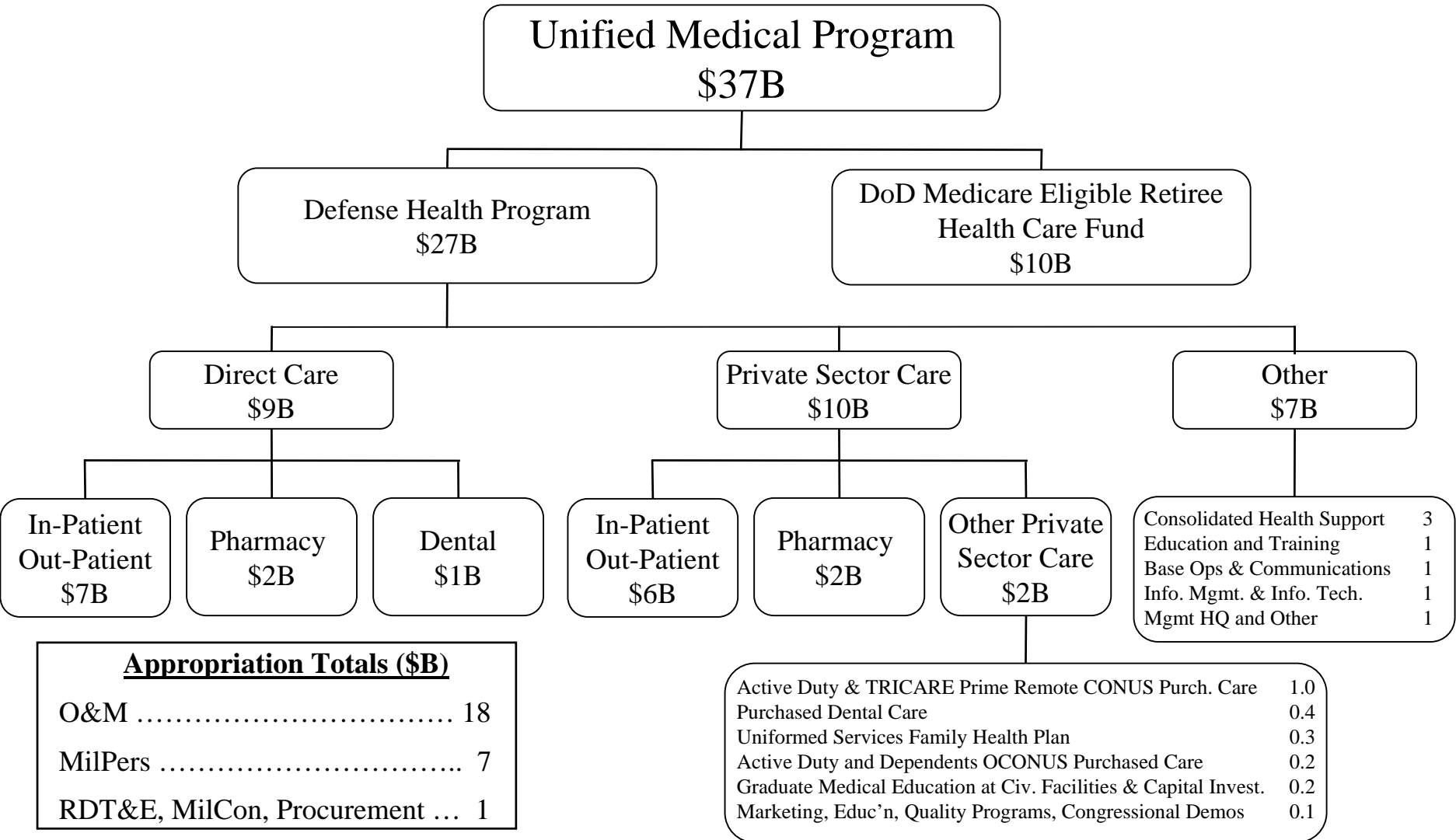
Background

Annual Costs Implied by Operating the DoD Over Time



Background

FY06 Unified Medical Program



Numbers may not add due to rounding.

Background

Common Terminology

- “Over 65s”
 - Medicare Eligible Retirees and Dependents
- “Under 65s”
 - Non Medicare Eligible Retirees and Dependents
- “Ghosts” (also “Non-reliant beneficiaries”)
 - Non Medicare eligible retirees and dependents who:
 - are not enrolled in TRICARE Prime, and
 - have not used TRICARE Standard or TRICARE Extra during the last fiscal year
- NADDs (Non Active Duty Dependents)
 - Retirees and Dependents
- ADDs (Active Duty Dependents)

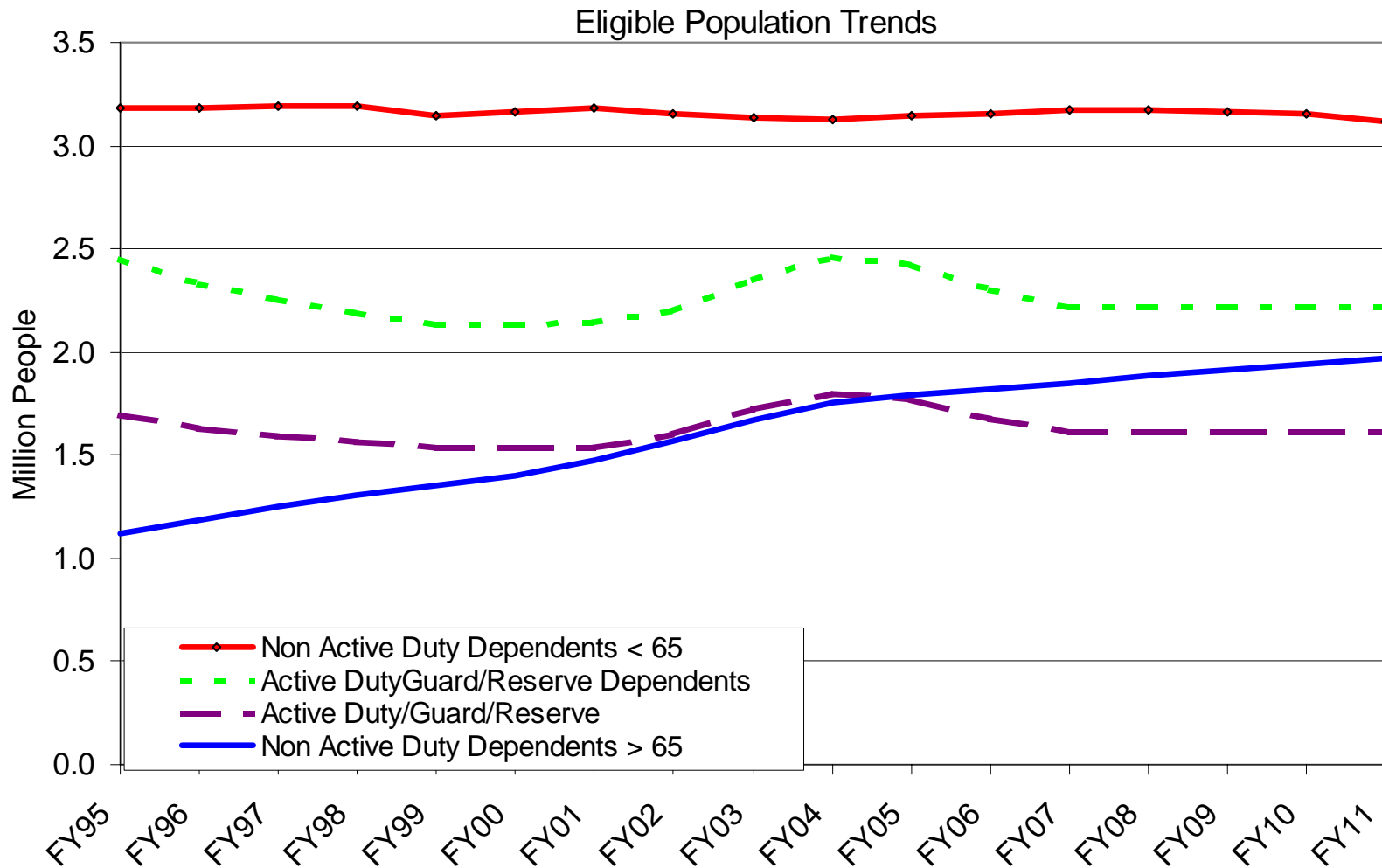
Background

Military and Military Retiree Beneficiaries

- Eligible population supported – 9.2 million beneficiaries
 - Active Duty 1.8 M
 - Active Duty Dependents 2.5 M
 - Retirees and Dependents (non-Medicare eligible) 3.2 M
 - Retirees and Dependents (Medicare eligible) 1.7 M
- Sources of care
 - Direct care system 35% of outpatient visits
 - Private Sector Care (PSC) 65% of outpatient visits
- TRICARE plans
 - TRICARE Prime, Standard, and Extra
 - TRICARE for Life

Background

Eligible Population Trends



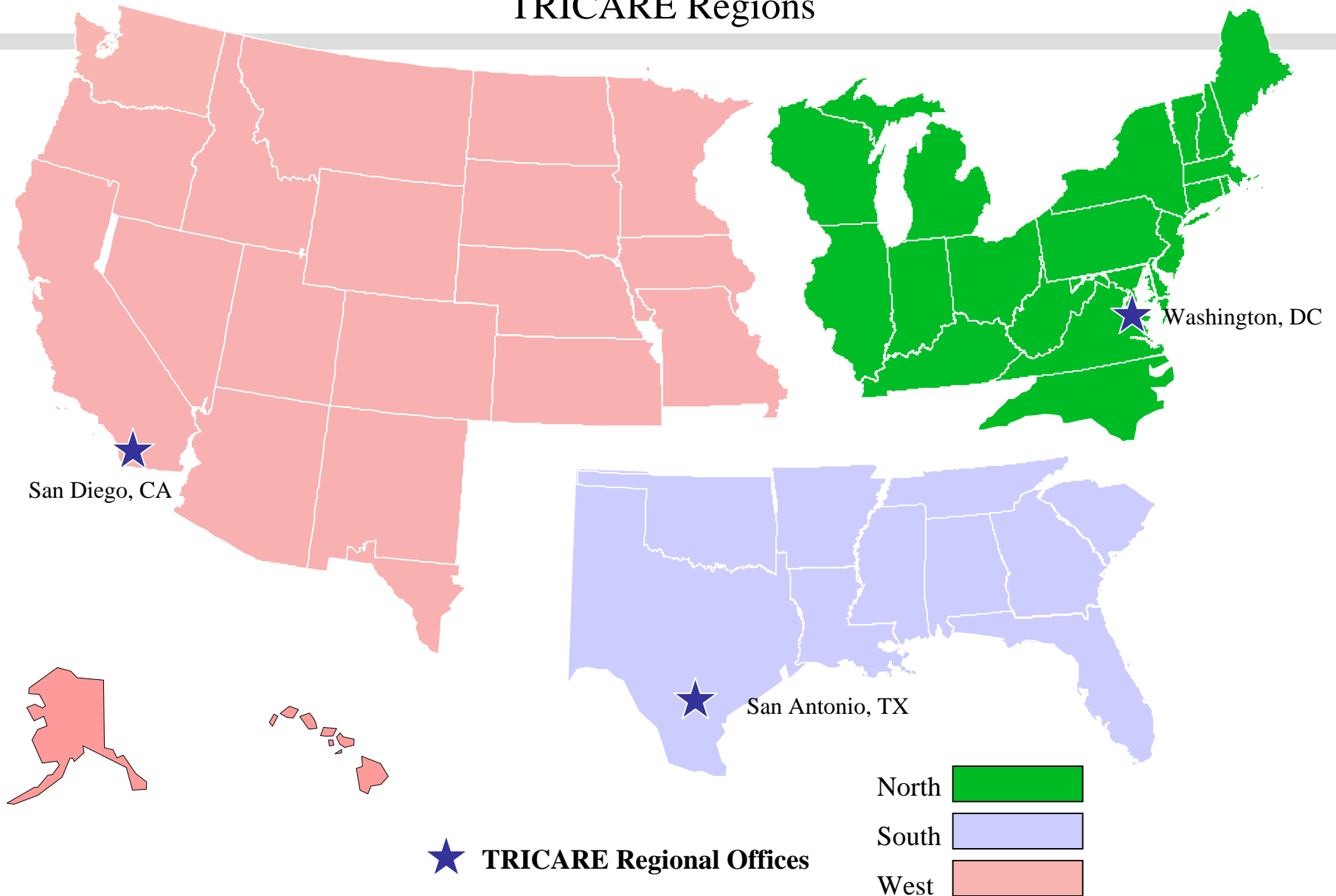
Background

Sources of Care

- Care is delivered through in-house production and purchased from the private sector
- Direct care (in-house produced care)
 - 75 Military Hospitals and Medical Centers
 - 461 Medical Clinics
- Purchased care
 - US divided into three TRICARE regions and contracts
 - One overseas region and contract

Background

TRICARE Regions



Background

Health Plan Options Available to Non Medicare Eligible Retirees and Dependents

			TRICARE Prime (HMO)	TRICARE Extra (PPO)	TRICARE Standard (FFS)
TRICARE Plans	Active Duty and Family	Enrollment Fee	No enrollment fees	(E5 & above) Individual: \$150, Family:\$300 (E4 & below) Individual: \$50, Family: \$100	(E-5 & above), Individual: \$150, Family: \$300 (E-4 & below) Individual: \$50, Family \$100
		Copayment/ Cost Sharing	No Copayments	15% of negotiated fee	20% of allowable charge
		Catastrophic Cap	\$1000 <i>per</i> fiscal year	\$1000 <i>per</i> fiscal year	\$1000 <i>per</i> fiscal year
	Retirees/ Other	Enrollment Fee	Individual: \$230, Family: \$460	Individual: \$150, Family: \$300	Individual: \$150, Family: \$300
		Copayment/ Cost Sharing	Copayments, \$12- \$30 in the network	20% of negotiated fee	25% allowable charge
		Catastrophic Cap	\$3000 <i>per</i> fiscal year	\$3000 <i>per</i> fiscal year	\$3000 <i>per</i> fiscal year
Private Sector Plans		Premium	Individual: \$502 Family: \$2,145	Individual: \$527 Family: \$2,515	Individual: \$381 Family: \$2,374
		Deductible	None	Individual: \$275 Family: \$525	Individual: \$384 Family: \$785
		Copayment/ Cost Sharing	Average cost share is \$13.80	\$10 to \$20 a visit	Most plans are between 20% and 25%
		Out Of Pocket Maximum	None	Individual: \$1,506 Family: \$ 3,297	Individual: \$1,469 Family: \$3, 165

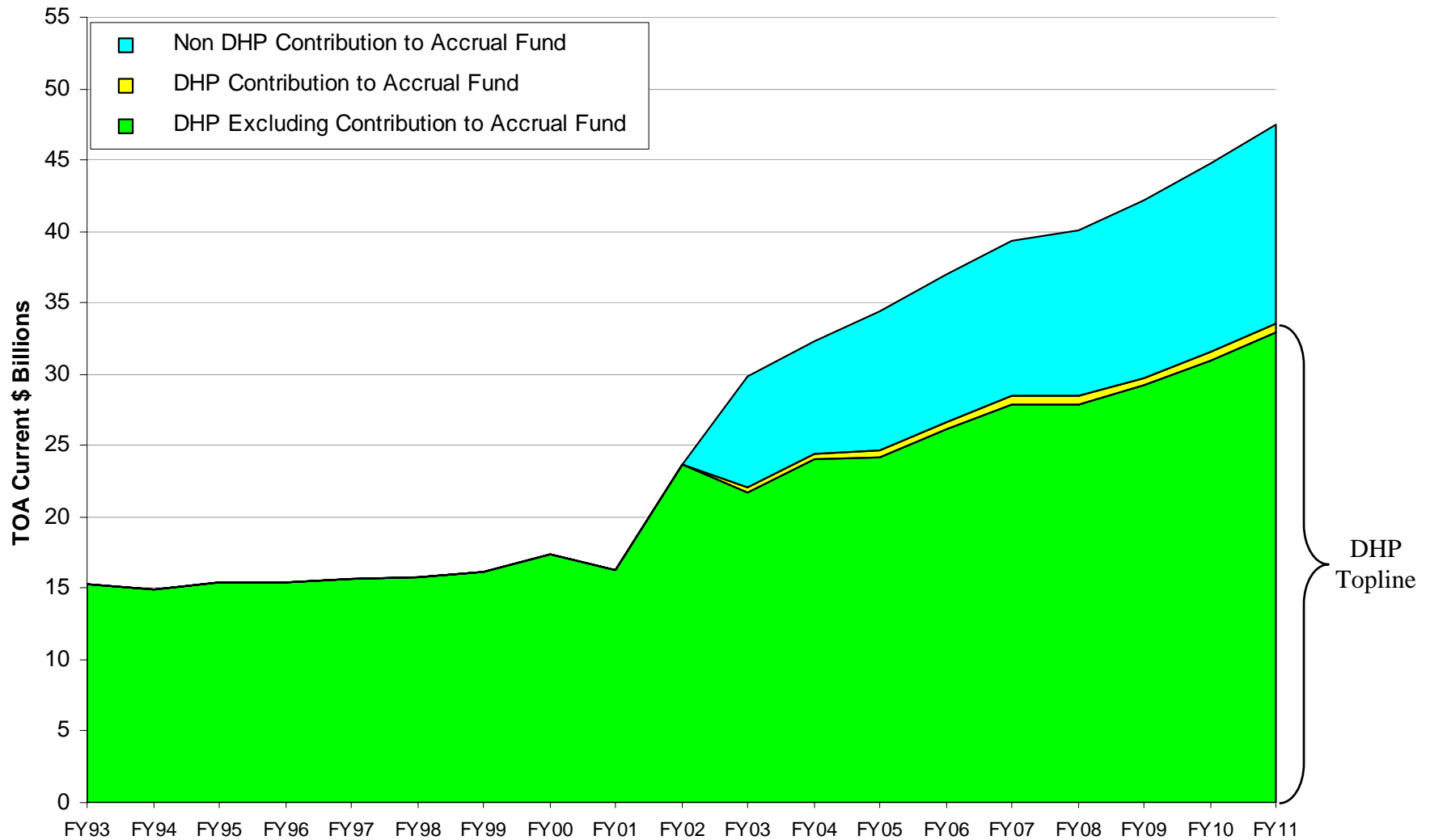
Background

Health Plan Options Available to Medicare Eligible Retirees and Dependents

- TRICARE for Life (TFL) is Medicare-wraparound coverage available to:
 - Medicare-eligible uniformed service retirees, including retired guard members and reservists
 - Medicare-eligible family members and widows/widowers (dependent and parents-in-law are excluded)
 - Medicare-eligible Congressional Medal of Honor recipients and their family members
 - Certain Medicare-eligible unremarried former spouses
- Medicare Eligible Retiree Health Care Fund
 - TFL set up to be fully funded program
 - Currently two payments into Fund:
 - Normal Cost contribution – DoD
 - Amortization payment – Treasury

Medical Cost Growth

Unified Medical Program FY 1993-2011



DHP
Topline

Medical Cost Growth

Defense Health Program Funding Challenges

- Difficult to predict DoD healthcare costs
 - Large population of eligible beneficiaries that can choose to use TRICARE at will
 - Congressional changes to benefit
 - Affected by private sector and other government health care markets and trends
- Management initiatives to control costs
 - Prospective Payment System
 - DoD Medicare Eligible Retiree Health Care Fund
 - TRICARE Next Generation Healthcare Contracts (TNEX)
 - National Retail Pharmacy Contract
 - TRICARE Governance Plan

Medical Cost Growth

Health Program Supplemental and Reprogramming Actions

		TY \$M
	FY86 Reprogramming and Supplemental	360
	FY87 Supplemental	425
	FY88 Reprogramming	529
	FY89 Reprogramming	152
	FY90 Reprogramming	706
	FY91 Reprogramming	278
<i>DHP created FY 1992</i>	FY92 No change - executed within funded program	0
	FY93 No change - executed within funded program	0
	FY94 Appropriation Act	290
	FY95 No change - executed within funded program	0
	FY96 No change - executed within funded program	0
	FY97 Appropriation Act	475
	FY98 Budget Amendment	274
	FY99 Reprogramming and Amendment	304
	FY00 Supplemental	1412
	FY01 Supplemental	1603
	FY02 Reprogramming ¹	(690)
	FY03 No change - executed within funded program ²	0
	FY04 Reprogramming ²	821

¹ FY02 budgeted level for new TRICARE For Life benefit exceeded execution. \$353 million carried forward into FY03.

² Excludes supplementals for GWOT: Two in FY03 amounting to \$597; One in FY04 of \$769

Medical Cost Growth

Components of Cost

$$\text{Variable Cost} = \text{users} \bullet \frac{\text{visits}}{\text{user}} \bullet \frac{\text{cost}}{\text{visit}}$$

$$\begin{aligned} \text{Net DoD Cost} &= \text{variable cost} + \text{overhead} \\ &\quad - \text{participant contributions} \end{aligned}$$

Medical Cost Growth

Cost Growth Drivers

- Increase in users

- Percent of non Medicare eligible retirees and dependents that use TRICARE is increasing
- Real costs to the beneficiaries are decreasing
- Beneficiary survey results: quality of and satisfaction with TRICARE health care provision are increasing
- Level of benefits are increasing

Percent of Non Medicare Eligible Retirees and Dependents That Use TRICARE and OHI

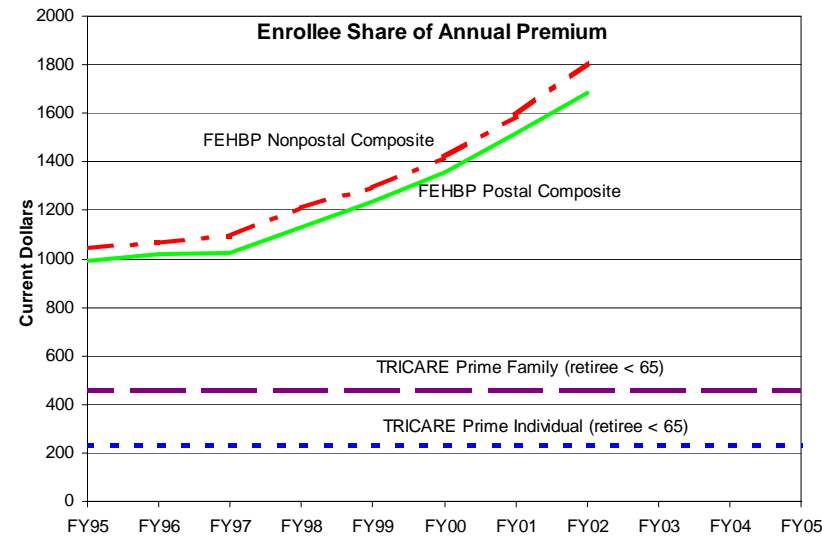
	FY00	FY03
Prime	29.6%	36.5%
Standard/Extra	23.7%	24.1%
Other Health Insurance (OHI)	46.7%	39.4%

- Increase in visits per user

- Advances in technology (ability to do more)
- Protocol changes
- Private sector also increasing

- Increase in cost per visit

- Labor and technology cost increases
- Private sector also increasing



Medical Cost Growth

TRICARE vs Private Health Insurance (Family of 3)

	TRICARE Prime NADD <65			FEHBP Kaiser Mid-Atlantic*		
	Current Year Dollars			Current Year Dollars		
	1999	2003	% Change	1999	2003	% Change
Enrollee Costs						
<i>Premium</i>	460	460	0%	1,440	1,910	33%
<i>Other out-of-pocket</i>	211	249	18%	360	850	136%
Total out-of-pocket	671	709	6%	1,800	2,760	53%
Government Costs	5,232	7,496	43%	4,170	5,720	37%
Total Cost	5,903	8,205	39%	5,970	8,480	42%
Enrollee Share of Total	11%	9%		30%	33%	
Government Share of Total	89%	91%		70%	67%	

* *Per Checkbook Magazine*

Forecasting Medical Cost Growth

Background

- Understanding and forecasting medical cost growth is necessary to:
 - Inform decision makers about the options and constraints they face
 - Prevent the making and breaking of programs
- Per capita normal cost contributions to the Medicare Eligible Retiree Health Care Fund grow at 6.25% absent re-evaluation or changes to assumptions by actuaries
- DoD and the Office of Management and Budget (OMB) routinely forecast DHP costs for program/budget development
- Dr. Lawrence Goldberg and Dr. Phil Lurie, Institute for Defense Analyses (IDA)
 - Most recent and rigorous empirical examination of DoD medical costs
 - Examined purchased care costs for non-Medicare eligible retirees and their family members so far
 - Expanding work to include all beneficiary categories and the direct care system

Forecasting Medical Cost Growth

IDA Methodology

- Three empirical models developed and estimated:
 - Insurance choice
 - Annual utilization of purchased care
 - Cost per unit
- IDA estimated models using FY 2000-03 data
 - Primary data sources included DoD Health Care Beneficiary Surveys and claims records
- IDA used models to forecast dependent variables for FY 2004-11
 - Explanatory variable forecasts from independent sources or developed by IDA

Forecasting Medical Cost Growth

IDA Methodology – Insurance Choice Model

- Choices were: TRICARE Prime, TRICARE Standard/Extra, Other Health Insurance (OHI)
- 59,000 observations from DoD Health Care Beneficiary Surveys
- Multinomial Logit model
- Individual/area specific factors included age, family income, health status, in-catchment, and in-clinic area
- Choice specific factors included premium and quality of care satisfaction

Forecasting Medical Cost Growth

IDA Results – Insurance Choice Model

Elasticity = percentage change in the probability of insurance caused by a 1% change in a factor

Probability FY 2000-03 Variable	Insurance Type		
	Prime (No OHI)	OHI	SE/SEPLUS (No OHI)
Age	-1.006	0.446	0.446
Health	-0.125	0.286	-0.308
In-catchment	0.194	-0.068	-0.114
In-Clinic	0.112	-0.003	-0.123
Income	0.020	0.092	-0.168
Premium Prime	-0.492	0.301	0.191
Premium OHI	0.218	-0.409	0.191
Premium SE/SEPLUS	0.218	0.301	-0.518
Quality Satisfaction Index	3.979	3.421	3.803

Forecasting Medical Cost Growth

IDA Methodology – Utilization and Cost Models

- Utilization by type of service (outpatient visits, inpatient stays, inpatient professional services, retail drugs, TMOP)
- 2.6 million observations from claims data
- Grouped logit model for probability of utilization, log-linear model for conditional utilization, linear regression for cost model
- Factors in utilization model included age, gender, %OHI for non-Prime enrollees, real family income, in-catchment (hospital within 40 miles), facility type (medical center, hospital), facility closings and downsizings, plan satisfaction
- Factors in cost model included allowed amount and OHI percent

Forecasting Medical Cost Growth

IDA Results – Utilization and Cost Models - Outpatient

Model	Enrollment Status	Variable	Elasticity
P(Visits>0)	Mil PCM	Plan Satisfaction	1.63%
	Civ PCM	Plan Satisfaction	0.59%
	Nonenrolled	Plan Satisfaction	0.33%
		Income	0.35%
		Percent with OHI	-0.27%
Conditional Visits	Mil PCM	Plan Satisfaction	0.58%
	Civ PCM	Plan Satisfaction	0.27%
	Nonenrolled	Plan Satisfaction	0.32%
		Income	-0.05%
		Percent with OHI	-0.04%
Government Cost	Mil PCM	Allowed Amount	1.06%
	Civ PCM	Allowed Amount	1.05%
	Nonenrolled	Allowed Amount	1.42%
		Percent with OHI	-0.29%

Forecasting Medical Cost Growth

IDA Results – Utilization and Cost Models - Inpatient

Model	Enrollment Status	Variable	Elasticity
P(RWPs>0)	Mil PCM	Plan Satisfaction	0.19%
	Civ PCM	Plan Satisfaction	0.07%
	Nonenrolled	Plan Satisfaction	1.17%
		Income	0.13%
		Percent with OHI	-0.23%
Conditional RWPs	Mil PCM	Plan Satisfaction	0.31%
	Civ PCM	Plan Satisfaction	0.22%
	Nonenrolled	Plan Satisfaction	0.41%
		Income	-0.16%
		Percent with OHI	-0.01%
Government Cost	Mil PCM	Allowed Amount	1.01%
	Civ PCM	Allowed Amount	1.04%
	Nonenrolled	Allowed Amount	1.32%
		Percent with OHI	-0.13%

Forecasting Medical Cost Growth

IDA Results – Utilization and Cost Models - Pharmacy

Model	Enrollment Status	Variable	Elasticity
P(Scripts>0)	Mil PCM	Plan Satisfaction	1.15%
	Civ PCM	Plan Satisfaction	0.40%
	Nonenrolled	Plan Satisfaction	0.46%
		Income	0.40%
		Percent with OHI	-0.13%
Conditional Scripts	Mil PCM	Plan Satisfaction	1.05%
	Civ PCM	Plan Satisfaction	0.49%
	Nonenrolled	Plan Satisfaction	0.34%
		Income	-0.27%
		Percent with OHI	0.01%
Government Cost	Mil PCM	Allowed Amount	1.07%
	Civ PCM	Allowed Amount	1.11%
	Nonenrolled	Allowed Amount	1.11%
		Percent with OHI	-0.03%

Conclusions

- DoD medical costs are growing rapidly and this will continue
 - DoD topline growth likely to slow
 - Discretionary portion of DoD budget likely to shrink
- Some causes of medical cost growth are outside of DoD/government control
- Some causes of medical cost growth are within DoD/government control
 - Benefit design
 - Military Health System (MHS) structure
- Broader issue is compensation design

Backups

Eligibility for Veterans Affairs Health Care

Enrollment Priority 1

- Veterans with service-connected disabilities rated 50% or more disabling

Enrollment Priority 2

- Veterans with service-connected disabilities rated 30% or 40% disabling

Enrollment Priority 3

- Veterans who are former POWs
- Veterans awarded the Purple Heart
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with service-connected disabilities rated 10% or 20%

Enrollment Priority 4

- Veterans who are receiving aid and attendance or housebound benefits
- Veterans who have been determined by VA to be catastrophically disabled

Enrollment Priority 5

- Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid benefits

Enrollment Priority 6

- World War I veterans
- Mexican Border War veterans
- Compensable 0% service-connected veterans
- Veterans solely seeking care for disorders associated with:
 - exposure to herbicides while serving in Vietnam; or
 - exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or
 - for disorders associated with service in the Gulf War;
 - for illness possibly related to participation in Project 112/SHAD; or
 - for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998

Enrollment Priority 7

- Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index
- Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above
- Subpriority g: Nonservice-connected veterans not included in Subpriority c above

Enrollment Priority 8

- Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index
- Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003
- Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003 Veterans with service-connected disabilities rated 50% or more

FY03	
Eligible Veterans	25M
Enrolled Veterans	7.2M
Users	5.0M
Users --Enrolled Veterans	4.5M
Users -- Non Veterans	0.4M

DoD Contributions to Civilian Health Care

- The Government pays the lesser of:
 - 72 percent of the FEHBP program-wide weighted average premiums
 - 75 percent of the total premium for the particular plan an enrollee chooses
- For 2002, the biweekly average premium amounts were:
 - \$135.61 for self-only
 - \$309.66 for self-and-family
- The maximum biweekly Government contribution was
 - \$97.68 for self
 - \$223.41 for self-and-family.
- In FY 2003
 - DoD paid for 643,815 civilian work years
 - DoD contributed \$2.4 billion for civilian health care benefits
 - U.S. government contributed ~\$1.6B for DoD civilian retirees' health care

Health Plan Options Available to Non Medicare Eligible Retirees and Dependents

- TRICARE Prime (HMO option)
 - Enroll with military or designated civilian primary care manager
 - Annual premiums: \$230 per individual, \$460 per family
 - Co-pays: \$0 at military treatment facility, \$12 at civilian provider
- TRICARE Standard and TRICARE Extra
 - No enrollment, no premiums
 - Annual deductible \$150 per individual, \$300 per family
 - Private sector providers
 - Co-pays for non Medicare eligible retirees and dependents:
 - TRICARE Extra: 20% of negotiated fee
 - TRICARE Standard: 25% of allowed services for covered charges
 - Option to use military treatment facilities on space available basis
 - Option to purchase supplemental insurance
- Other Health Insurance (OHI)
 - Health plans not funded through TRICARE (e.g., private sector employer-sponsored plans, FEHBP)
 - Option to claim TRICARE Standard or TRICARE Extra as second payer

FY 2000-03 Experience

Compiled by IDA – Insurance Choice Model

Insurance		2000	2001	2002	2003
% Prime		0.253	0.273	0.288	0.322
% OHI		0.494	0.472	0.459	0.421
% S/E		0.253	0.256	0.253	0.258
Factor		2000	2001	2002	2003
PRIME	Age	52.6	52.2	52.4	52.7
	Co-Pay	0.11	0.09	0.09	0.08
	Health	3.35	3.29	3.35	3.35
	In-catchment	0.61	0.59	0.58	0.58
	In-clinic	0.59	0.58	0.56	0.55
	Income	\$44,525	\$44,142	\$45,092	\$45,212
	Plan Satisfaction	7.10	7.39	7.54	7.83
	Premium	\$460	\$447	\$440	\$431
	Quality Satisfaction	7.88	7.83	7.92	8.00
OHI	Age	54.3	54.0	54.2	54.6
	Co-Pay	0.08	0.07	0.07	0.07
	Health	3.48	3.45	3.46	3.47
	In-catchment	0.41	0.39	0.38	0.37
	In-clinic	0.46	0.42	0.41	0.41
	Income	\$45,329	\$45,137	\$45,818	\$46,084
	Plan Satisfaction	7.42	7.54	7.44	7.68
	Premium	\$1,393	\$1,460	\$1,626	\$1,860
	Quality Satisfaction	8.12	8.08	8.06	8.18
S/E	Age	53.3	53.4	53.2	53.8
	Co-Pay	0.19	0.16	0.16	0.17
	Health	3.27	3.24	3.25	3.20
	In-catchment	0.36	0.34	0.30	0.30
	In-clinic	0.38	0.36	0.33	0.31
	Income	\$44,484	\$43,935	\$43,908	\$44,489
	Plan Satisfaction	5.87	6.37	6.79	6.99
	Premium ^a	\$321	\$289	\$306	\$292
	Quality Satisfaction	7.52	7.58	7.75	7.72

^a Expected Premium = 0.3 * Cost of Supplemental Policy

FY 2000-03 Experience

Compiled by IDA – Outpatient Purchased Care Data

Enrollment Status	Utilization/Cost Measure	2000	2001	2002	2003
Mil PCM	% With Visits>0	34.0%	38.5%	42.8%	45.3%
Civ PCM	% With Visits>0	58.5%	63.4%	75.3%	77.8%
Nonenrolled	% With Visits>0	35.0%	35.4%	38.2%	40.4%
Mil PCM	Conditional Visits	6.98	6.93	6.96	7.37
Civ PCM	Conditional Visits	10.71	11.22	10.31	10.86
Nonenrolled	Conditional Visits	8.80	8.83	9.22	9.79
Mil PCM	Visits per Beneficiary	2.38	2.67	2.98	3.33
Civ PCM	Visits per Beneficiary	6.27	7.11	7.77	8.45
Nonenrolled	Visits per Beneficiary	3.08	3.13	3.53	3.96
Mil PCM	Allowed Cost per Visit	\$157.89	\$172.88	\$176.17	\$185.14
	Government Cost per Visit	\$129.74	\$142.00	\$146.62	\$153.73
Civ PCM	Allowed Cost per Visit	\$144.88	\$151.53	\$149.51	\$154.86
	Government Cost per Visit	\$123.70	\$129.24	\$127.79	\$132.24
Nonenrolled	Allowed Cost per Visit	\$153.34	\$159.08	\$155.17	\$160.14
	Government Cost per Visit	\$75.05	\$79.81	\$78.13	\$81.57

FY 2000-03 Experience

Compiled by IDA – Inpatient Purchased Care Data

Enrollment Status	Utilization/Cost Measure	2000	2001	2002	2003
Mil PCM	% With RWPs>0	2.2%	2.5%	2.6%	2.9%
Civ PCM	% With RWPs>0	4.1%	4.5%	4.8%	4.9%
Nonenrolled	% With RWPs>0	2.5%	2.6%	2.9%	3.1%
Mil PCM	Conditional RWPs	2.04	2.07	2.18	2.13
Civ PCM	Conditional RWPs	2.09	2.10	2.19	2.22
Nonenrolled	Conditional RWPs	1.87	1.84	1.97	2.02
Mil PCM	RWPs per Beneficiary	0.045	0.051	0.057	0.061
Civ PCM	RWPs per Beneficiary	0.085	0.094	0.106	0.110
Nonenrolled	RWPs per Beneficiary	0.046	0.048	0.056	0.062
Mil PCM	Allowed Cost per RWP	\$4,459.40	\$4,802.91	\$4,915.05	\$5,046.52
	Government Cost per RWP	\$3,876.85	\$4,164.39	\$4,129.32	\$4,247.22
Civ PCM	Allowed Cost per RWP	\$4,234.19	\$4,445.34	\$4,562.36	\$4,924.62
	Government Cost per RWP	\$3,810.69	\$3,948.16	\$3,932.09	\$4,225.80
Nonenrolled	Allowed Cost per RWP	\$4,269.56	\$4,509.95	\$4,676.55	\$4,843.27
	Government Cost per RWP	\$2,294.38	\$2,483.26	\$2,458.00	\$2,587.27

FY 2000-03 Experience

Compiled by IDA – Pharmacy Purchased Care Data

Enrollment Status	Utilization/Cost Measure	2000	2001	2002	2003
Mil PCM	% With Scripts>0	11.7%	13.6%	16.5%	18.4%
Civ PCM	% With Scripts>0	47.8%	53.2%	61.7%	64.6%
Nonenrolled	% With Scripts>0	17.5%	19.6%	23.3%	26.2%
Mil PCM	Conditional Scripts	6.01	6.11	6.81	6.92
Civ PCM	Conditional Scripts	13.73	14.37	14.80	15.41
Nonenrolled	Conditional Scripts	16.43	16.25	17.17	17.94
Mil PCM	Scripts per Beneficiary	0.71	0.83	1.12	1.28
Civ PCM	Scripts per Beneficiary	6.55	7.65	9.13	9.95
Nonenrolled	Scripts per Beneficiary	2.88	3.18	4.00	4.70
Mil PCM	Allowed Cost per Script	\$69.39	\$71.52	\$77.16	\$83.06
	Government Cost per Script	\$58.34	\$61.60	\$68.08	\$74.10
Civ PCM	Allowed Cost per Script	\$47.26	\$51.54	\$57.05	\$62.19
	Government Cost per Script	\$37.30	\$42.62	\$49.18	\$54.43
Nonenrolled	Allowed Cost per Script	\$45.76	\$50.00	\$57.64	\$64.01
	Government Cost per Script	\$31.29	\$35.18	\$42.51	\$48.45